

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90028 022 ***150.00

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DOCUMENT # L98482

1. Corporation Name

OURINVEST INTERNATIONAL CORPORATION

Principal Place of Business

1395 BRICKELL AVE
8TH FLOOR
MIAMI FL 33131

Mailing Address

1200 BRICKELL AVE.
1220
MIAMI FL 33131-3300

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1990

4. FEI Number

65-0239661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1200 Brickell Avenue

Suite, Apt. #, etc.

22 1220

City & State

23 Miami, FL

Zip

24 33131

Country

25 Dade

2a. Mailing Address

26 1200 Brickell Avenue

Suite, Apt. #, etc.

27 1220

City & State

28 Miami, FL

Zip

29 33131

Country

30 Dade

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN
520 BRICKELL KEY DR
STE. 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP
NAME PAZOS, WILLIAM A
STREET ADDRESS 520 BRICKELL KEY DR. 0-305
CITY-ST-ZIP MIAMI FL 33131

TITLE V ☐ DELETE

NAME POLITI, MOISE
STREET ADDRESS 501 BRICKELL KEY DR 0-305
CITY-ST-ZIP MIAMI FL

TITLE AV ☐ DELETE

NAME RUTH, MELISSA M
STREET ADDRESS 501 BRICKELL KEY DR 0-305
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME FREEMAN, STEPHEN
STREET ADDRESS 501 BRICKELL KEY DR 0-305
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Pazos

01/06/99 (305) 539-9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)